

NELSON COUNTY PARKS & RECREATION DEPARTMENT

CHEER REGISTRATION FORM

P.O. BOX 442 LOVINGSTON, VA 22949

434-263-7130 FAX 434-263-6022

Form MUST be at the NCPRD office before registration deadline

CHEER REGISTRATION FORM

NAME_____

PRESENT AGE_____ DATE OF BIRTH___/___/___ HEIGHT:_____ WEIGHT:_____

YEARS OF EXPERIENCE:_____ SCHOOL:_____ GRADE:_____

Cheerleaders will be sized at the first practice. Shell Top: XS, YS, YM, YL, AXS, AS, AM, AL, XL, XXL
Samples will be available. Skirt, Brief: XS, YS, YM, YL, AXS, AS, AM, AL, XL, XXL

MEDICAL INFORMATION: Does you child have any special needs, physical limitations, allergies, or medications? Please list:

MOTHER/GUARDIAN:_____ FATHER/GUARDIAN:_____

ADDRESS:_____ ADDRESS:_____

PHONE:_____

PHONE:_____

CELL PHONE:_____

CELL PHONE:_____

EMAIL: _____ Send: ☐ Just Cheer info ☐ Any NCPRD info

EMERGENCY CONTACT (other than parent): NAME_____ PHONE_____

We need volunteers, please circle where you can help: ASSISTANT COACH TEAM PARENT TEAM SPONSORS

*****In the event of illness or injury to my child, which in the judgment of the NCPRD staff & volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I hereby release the NCPRD, The County of Nelson, and/or the Nelson County Public Schools from any and all claims I may have for all personal injuries my child may incur by participating in this program. I understand the County does not provide insurance & that I am responsible for any expenses for injuries. I give my permission for my child to be photographed. Pictures may be used for promotional purposes by Nelson County, Virginia

SIGNATURE_____ DATE_____

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OFFICE USE ONLY

Payment: \$35/child _____ CASH _____ CHECK # _____ REC. # _____ _____ NCPRD STAFF
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